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Substitute for Form PTO-875							10/710,272			30/2004	To be Mailed	
APPLICATION AS FILED – PART I											HER THAN	
(Column 1) (Column 2)						_	SMALL	ENTITY 🗌	OR	SMA	ALL ENTITY	
L	FOR	N	NUMBER FILED		NUMBER EXTRA		RATE (\$)	FEE (\$)	1	RATE (\$)	FEE (\$)	
	BASIC FEE (37 CFR 1.16(a), (b),	or (c))	N/A		N/A		N/A		]	N/A		
	SEARCH FEE (37 CFR 1.16(k), (l),	or (m))	N/A		N/A		N/A			N/A		
	EXAMINATION FE (37 CFR 1.16(o), (p),		N/A		N/A		N/A			N/A		
	TAL CLAIMS CFR 1.16(I))		minus 20 =		•		x \$ =		OR	x \$ =		
	EPENDENT CLAIN CFR 1.16(h))	IS	minus 3 =				x \$ =		1	x \$ =		
	APPLICATION SIZE (37 CFR 1.16(s))	FEE shee is \$2 addi	If the specification and drawings exceed sheets of paper, the application size fee is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. S 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s									
	MULTIPLE DEPEN	7 CFR 1.16(j))	1			ı						
* If the difference in column 1 is less than zero, enter "0" in column 2.							TOTAL		J	TOTAL		
	APPLICATION AS AMENDED – PART II (Column 1) (Column 2) (Column 3)							SMALL ENTITY			OTHER THAN OR SMALL ENTITY	
AMENDMENT	12/07/2007	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)	
	Total (37 CFR 1.18(1))	· 19	Minus	<del></del> 30	= 0	1	x \$ =		OR	X \$50=	0	
	Independent (37 CFR 1.16(h))	* 2	Minus	***4	= 0	]	x \$ =		OR	X \$210=	0	
	Application Size Fee (37 CFR 1.16(s))											
<u> </u>	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))								OR			
Γ							TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	0	
		(Column 1)		(Column 2)	(Column 3)							
L		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)	
딦	Total (37 CFR 1,18(i))	*	Minus	*	=	1	x \$ =		OR	x s =		
Ω	Independent (37 CFR 1.16(h))		Minus	***	=	l	x \$ =		OR	x s =		
AMENDMENT	Application Size Fee (37 CFR 1.16(s))								1			
AM	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))								OR			
TOTAL TOTAL OR ADD'L PEE FEE												
** If	If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".  The "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".  The "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".  The "Highest Number Previously Paid For" [Total or Independent) is the highest number found in the appropriate box in column 1.  This collection of information is considered by 3" (CFL 14). The information is required to higher parties in a benefit by the public which is to find an obtain or retains a benefit by the public which is to find an obtain or retains a benefit by the public which is to find an obtain or retains a benefit by the public which is to find an obtain or retains a benefit by the public which is to find an other products.											

This collection of information is required by 37 CFR 1.16. The information is required to obtain or relatin a benefit by the public which is to file (and by the USPTO) reprocess) an application. Confidentiating is governed by 35 U.S. C. 122 and 37 CFR 1.14. This collection is estimated to take 122 missing the foliation of the completed application from the USPTO. Time this collection is estimated to take 122 calculating pathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for meticing his burden, should be sent to the Chief Information Officer, U.S. Patient and Trademark Office. U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-4450. DX 150, Alexandria, VA 22313-4450.

ADDRESS. SEMD TO: Commissioner for Patients, P.O. Box 1450, Alexandria, VA 22313-4450.